

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No. 10/595690 Filing Date \_\_\_\_\_  
Applicant \_\_\_\_\_

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT			AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.													
TOTAL DEP.													
TOTAL CLAIMS													